## WISCONSIN MEDICAID

# **UPDATE**

MARCH 12, 1997

**UPDATE 97-10** 

TO:

**Prenatal Care Coordination Providers** 

## **Prenatal Care Coordination: Pregnancy** Questionnaire and Coordination with HMOs

## **Revised Pregnancy Questionnaire**

### Revised Pregnancy Questionnaire form effective April 1, 1997

Effective April 1, 1997, providers must begin using the revised Pregnancy Questionnaire (risk assessment tool) form. The forms you are currently using will not be available after that date.

#### What Forms Must I Use?

Beginning April 1, 1997, you must use:

Pregnancy Questionnaire (DOH 1105 Revised 9/95)

The Charles in addition to the Pregnancy Questionnaire, you 

(DOH 1105B 1/93)

Do not use:

Confidential Sheet (DOH 1105A 1/93) Scoring Manual (DOH 1105C 1/93)

#### Obtaining the revised form

We will send 25 copies of the revised Pregnancy Questionnaire form to all certified prenatal care coordination providers. Please refer to Appendix 17 in the prenatal care coordination handbook (Part Z) for information on ordering additional copies.

The Bureau of Health Care Financing and the Bureau of Public Health collaborated in revising the form. We made changes based on suggestions and comments from you, the prenatal care coordination advisory

committee, and other interested persons. Please review the new form before administering it.

#### Changes to the Pregnancy Questionnaire

We made the following changes:

- Reduced the number of required forms by combining the Pregnancy Questionnaire, "Confidential Sheet", and scoring manual.
- Printed the revised form on carbonless, two-ply paper.

The revised form has five pages. The first ply has questions only; the second ply has questions and scores.

- Made the summary sheet optional.
- Changed some questions to better obtain information.

For example, we reworded the question: "Have you been a victim of family violence? (For example, someone like a parent, husband, partner or household member hitting or hurting you)." The question now reads, "Have you ever been emotionally, verbally or physically abused by your partner or someone close to you?"

Added questions to identify women who are at high risk because of cognitive, physical, sensory, or mental disabilities.

For example, "Have you in the past, or are you currently receiving special education services or exceptional education services?"

 Added (or increased) scores to some questions that were not previously scored.

For example, we assigned scores to the previously unscored question, "Do you read English?"

#### We have not changed:

 The 40-point eligibility requirement. The recipient must still score at least 40 points to receive this benefit.

## Coordination with Medicaidcontracted HMOs

Prenatal care coordination providers must sign a memorandum of understanding (MOU) with

Medicaid-contracted HMOs in their area. Currently, there is at least one Medicaidcontracted HMO in all but the following counties: Door, Florence, Kewaunee, and Marinette.

The Medicaid HMO contract also requires the HMOs to sign an MOU with all prenatal care coordination providers in their service area. If you need information regarding which Medicaid-contracted HMOs are in your area, please write or call:

MANAGED CARE SECTION BUREAU OF HEALTH CARE FINANCING P O BOX 309 MADISON WI 53701-0309 (608) 266-7894

You do not need to send a copy of the MOU to us. However, you must keep a copy of each MOU in your files. Please refer to Appendix 16 in the prenatal care coordination handbook (Part Z) for a sample MOU.

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